MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09803026

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51							
2		1					52							
3		1					53							
4		1					54							
5		1					55							
6							56							
7	1						57							
8		1					58							
9		1					59							
10		1					60							
11		1					61							
12		1					62							
13							63							
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44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	2	↓		↓		↓	TOTAL IND.		↓		↓		↓	
TOTAL DEP.	10	←		←		←	TOTAL DEP.		←		←		←	
TOTAL CLAIMS	12						TOTAL CLAIMS							

*MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-1360 (REV. 3-78)

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